

Application Data Sheet

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: GP64-NULL BACULOVIRUSES PSEUDOTYPED  
WITH HETEROLOGOUS ENVELOPE PROTEINS  
FOR GENE THERAPY

Attorney Docket Number:: BTI-47CON

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

**Correspondence Information**

Correspondence Customer Number:: 020808  
Phone Number:: 607-256-2000  
Fax Number:: 607-256-3628  
E-Mail address:: aquilla@bpmlegal.com

**Representative Information**

Representative Customer Number:: 020808

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
	Continuation of	09/925,365	8/9/01
	Non-provisional o	60/224,612	8/11/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Boyce Thompson Institute for Plant  
Research

Street of mailing address:: Tower Road

City of mailing address:: Ithaca

State or Province of mailing  
address:: New York

Country of mailing address:: USA

Postal or Zip Code of mailing  
address:: 14850

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: W.  
Family Name:: Blissard  
Name Suffix::  
City of Residence:: Ithaca  
State or Province of Residence:: NY  
Country of Residence:: USA  
Street of mailing address:: 208 Eastern Heights Drive  
  
City of mailing address:: Ithaca  
State or Province of mailing  
Address:: New York  
Country of mailing address:: USA  
Postal or Zip Code of mailing  
Address:: 14850

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Jodie Mangor  
Middle Name:: T.  
Family Name:: Mangor  
Name Suffix::  
City of Residence:: Ithaca  
State or Province of Residence:: NY  
Country of Residence:: USA  
Street of mailing address:: 108 West Lewis Street  
  
City of mailing address:: Ithaca  
State or Province of mailing  
Address:: New York  
Country of mailing address:: USA  
Postal or Zip Code of mailing  
Address:: 14850

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: A.  
Family Name:: Monsma  
Name Suffix::  
City of Residence:: Madison  
State or Province of Residence:: WI  
Country of Residence:: USA  
Street of mailing address:: 6114 Mulberry Circle  
  
City of mailing address:: Madison  
State or Province of mailing  
Address:: Wisconsin  
Country of mailing address:: USA  
Postal or Zip Code of mailing  
Address:: 53711